

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED	U8 Alla	" (ED		
ANIZATION FORM FOR CANDIDATE COMMITTEES				

STATEMENT OF ORGANIZATION I	FORM FOR CANDIDATE COMMITTEES		
1. Committee ID #: 138336 2. Type of Filing: Coriginal Amendment to Items: Eff. Date:	10. MREPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. 11. Name and Address of Depositories or Intended Depositories.		
3. Full Name of Committee (must include Candidate's first and last name):	of committee funds. (Michigan Bank, Credit Union or Savings & Loa Association) a. Official Depository		
4a. Cándidate Full Name (Last, First, M.I.): 4b. Political Party (if applicable):	None		
4c. County of Residence: MR Com 13 4d. Office Sought (Check one):	b. Secondary Depository		
Governor State Rep. State Bd. of Ed. WSU Gov. Circuit Court District Court State Senator Attorney Gen. MSU Trustee Appeals Court Probate Court	12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.		
Municipal Court Local or other please specify: CHARTOR COMM. 4e. District/Circuit # or Jurisdiction: DIST 6	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Ballot Question Committees that file with the County Clerk's office.		
5. Date Committee was Formed: 5/25/08 6a. Committee Phone #: 586-306-0484 6b. Committee Fax #: 586-465-7494	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.		
6c. Committee E-mail Address:6d. Committee Website Address:	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.		
7a. Complete Comm. Mailing Address (May be PO Box): / 3 2 4 5 C 14 AM PAIG NO	** OR ** Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.		
7b. Complete Comm. Street Address (May not be PO Box): 13345 CHAMPAIGE WARREN MI 4808 S	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and		
8. Treasurer Name and Complete Address: JOHN W SmIT! J3345-CHAM PRICK WAKEEN MI 48089	completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name		
Phone #: 586 366 6489	And Date) NACHOH SANGHED THE COLOR		
E-mail Address: 9. Designated Record Keeper Name and Complete Address:	Candidate 17:5 HV 1-90V 80		
	Current Treasurer		
Phone #: 586306-0484 E-mail Address:	Designated Record Keeper (Required only if filing electronically)		